

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 555

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (If this place) 8 mos		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		11 / 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home 300 Chestnut				d. STREET ADDRESS (If rural, give location) 300 Chestnut			
3. NAME OF DECEASED (Type or Print) a. (First) Grover Ellis McCallin			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 10-1949							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 13-1892	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months -		IF UNDER 1 YEAR Days -		IF UNDER 1 YEAR Hours -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired 6 yrs.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton Co MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Monroe McCallin		13b. MOTHER'S MAIDEN NAME Isabel Crosslin		14. NAME OF HUSBAND OR WIFE Lulu Gilbert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-9644		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu McCallin, Harrisonville			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus Jan 10-49 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary hemorrhage Jan 9-49 DUE TO (c) Bronchiectasis 7 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓ 52%				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from Nov, 1948, to Jan 10, 1949, that I last saw the deceased alive on Jan - 10, 1949, and that death occurred at 8:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwards Jones MD				23b. ADDRESS Harrisonville MO		23c. DATE SIGNED Jan 11-49	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		24b. DATE Jan 12/49		24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, MO.	
DATE REC'D BY LOCAL REG. Jan 11-1949		REGISTRAR'S SIGNATURE Laura J. Jones		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson Bros Harrisonville MO.	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1981

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Bill J. Dickey*

Student Embalmer No. *254*

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Rayd Atkinson*

Licensed Embalmer No. *3970*

P. O. Address *Warrisoude*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.